

Case Number:	CM14-0163820		
Date Assigned:	10/08/2014	Date of Injury:	09/24/2012
Decision Date:	11/07/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	10/06/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 53-year-old male who sustained an injury on 9/24/12. As per the 9/25/14 handwritten report, the patient presented with low back pain with left extremity numbness which was improved and was just in the thigh. It was indicated that he was stable with 4 visits of PT. On exam there was tenderness to palpation of lumbar spine, left greater than right; L5-S1 decreased sensation; decreased range of motion in all planes; increased low back pain with SLR (straight leg raise) test bilaterally; and increased LLE (left lower extremity) numbness. As per the physical therapy daily notes dated 9/25/14 (documented as visit #4), the patient reported that his lower back pain was greater on the right than the left and was slightly better than the previous visit. He had lumbar spine stiffness and it was felt that he would benefit from skilled physical therapy in order to return to work through manual therapy, therapeutic exercise and neuromuscular re-education. He was no longer having constant radicular symptoms. It was documented that he has had 14 previous physical therapy visits in 2013 and recently had 4 physical therapy visits. Diagnoses include lumbar sprain, thoracic or lumbosacral neuritis or radiculitis unspecified, degeneration of thoracic or lumbar intervertebral disc, and spondylolisthesis. The request for outpatient physical therapy (PT) three (3) times a week for four (4) weeks was modified to outpatient physical therapy x10 sessions and the remaining 2 sessions were non-certified on 8/29/14.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Physical therapy (PT) three (3) times a week for four (4) weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back

Decision rationale: As per CA MTUS guidelines, physical medicine is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. ODG guidelines recommend 9 PT visits over 8 weeks for intervertebral disc disorders without myelopathy. In this case, the IW has received 14 PT visits in 2013 and additional 4 PT visits in 2014; however, there is little to no documentation of any significant improvement in the objective measurements (i.e. pain level (visual analog scale) "VAS", range of motion, strength or function) with physical therapy to demonstrate the effectiveness of this modality in this injured worker. There is no evidence of presentation of any new injury / surgical intervention. Moreover, additional PT visits would exceed the guidelines criteria. Nonetheless, there is no mention of the patient utilizing an HEP (home exercise program). At this juncture, this patient should be well-versed in an independently applied home exercise program, with which to address residual complaints, and maintain functional levels. Therefore, the request is considered not medically necessary or appropriate in accordance with the guideline.